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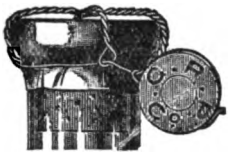

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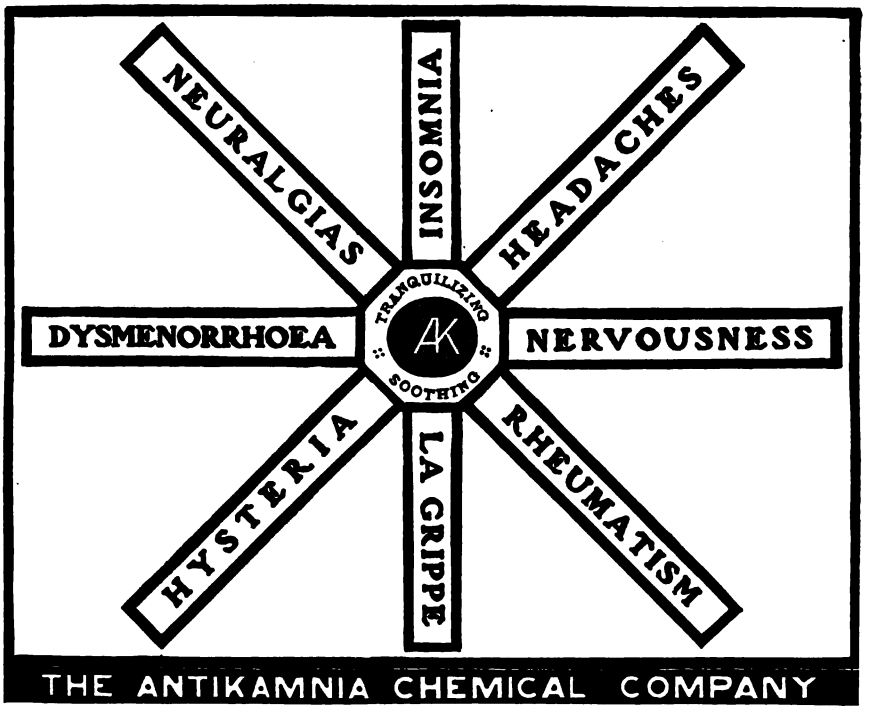

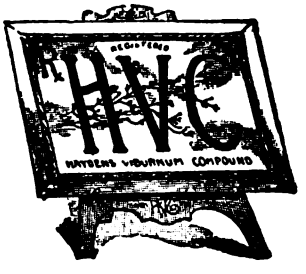

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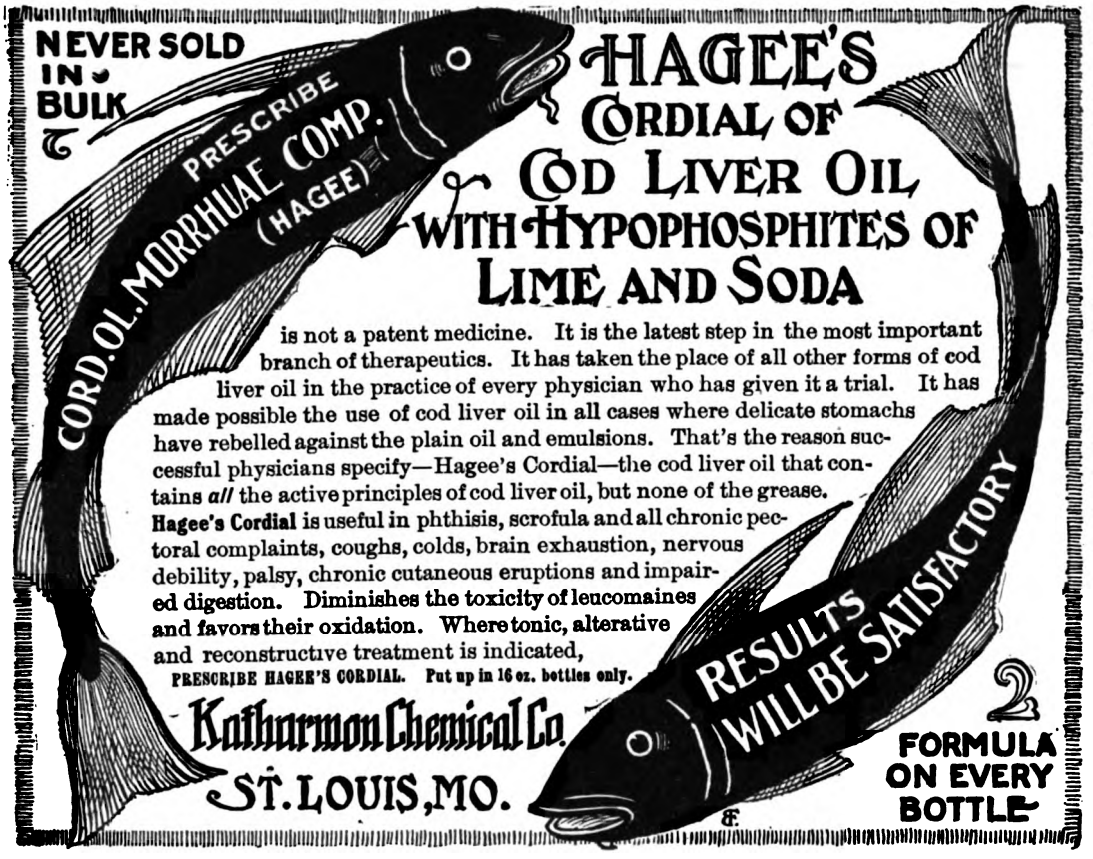
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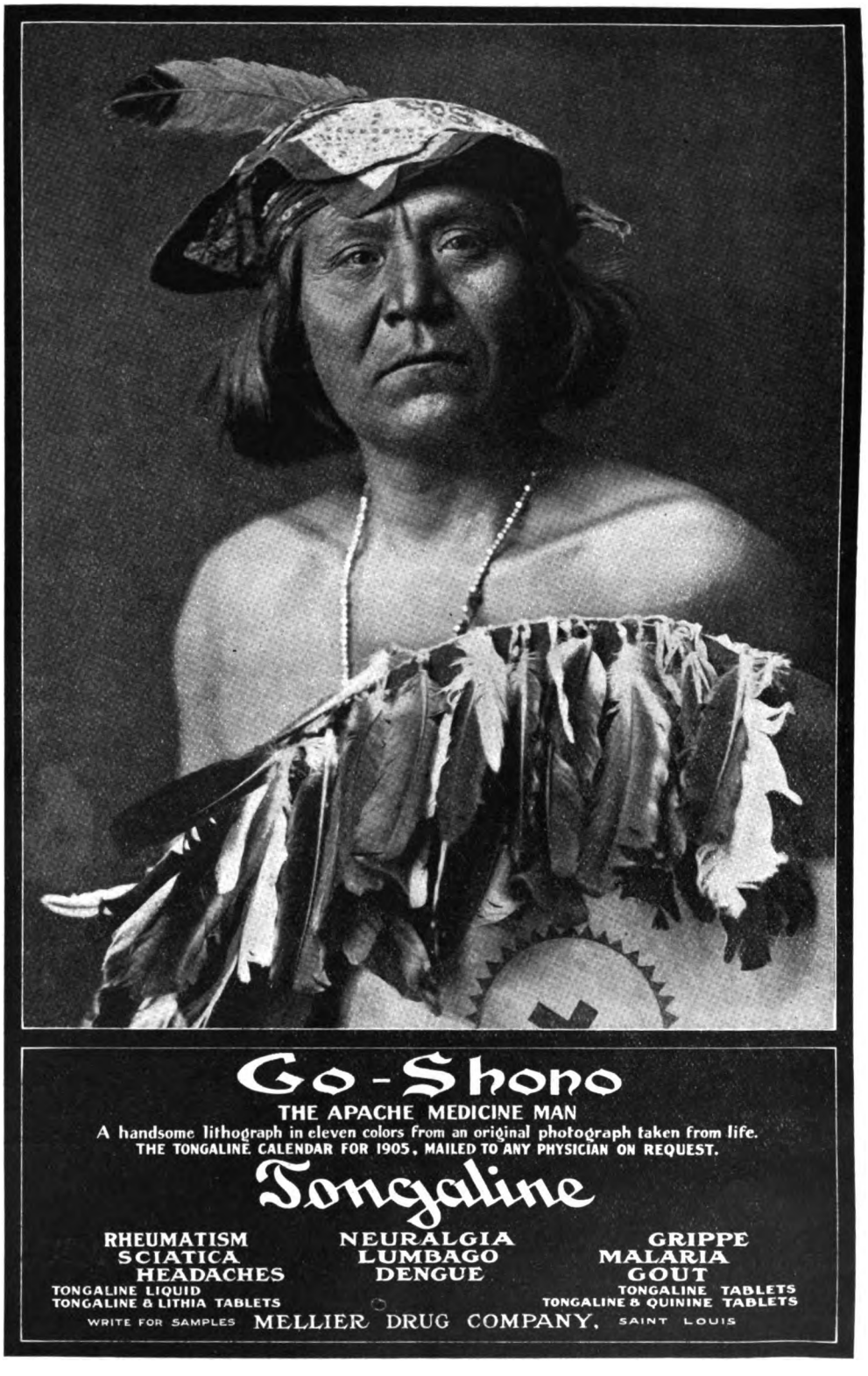

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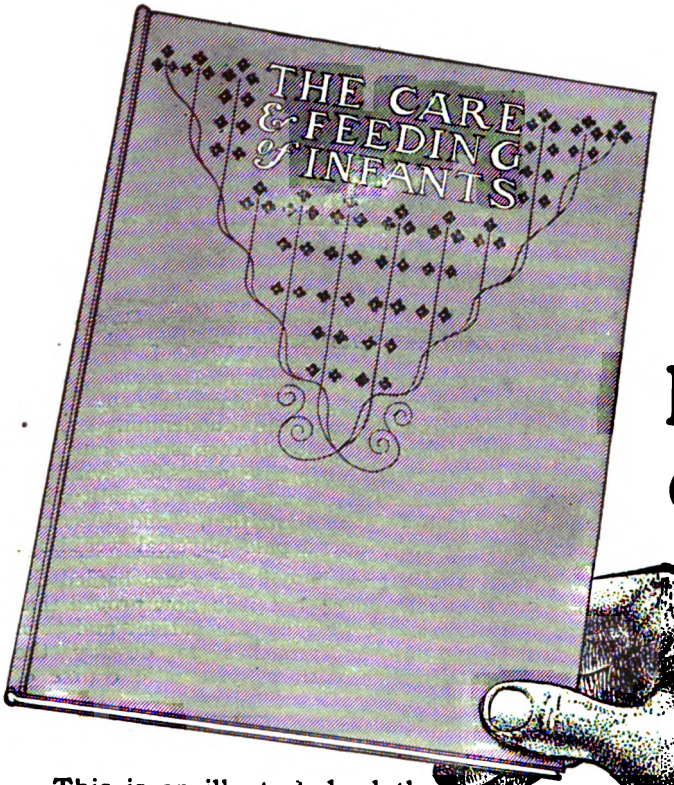

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THE

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Original Contributions.

For Texas Medical Journal.

Modern Therapeutics and Pharmacy.*

FREDERICK HADRA, M. D., SAN ANTONIO, TEXAS.

The title of my paper will cause you to anticipate much more than you will receive, and its disorderly presentation will justify legitimate criticism; but the subject is so complex that I must ask you to overlook its awkward preparation. I also wish to disclaim any personal feeling toward the committee on proprietary drugs, whose recent circular letter and list of questions induced me to select my subject. Whenever I refer to the committee it should be understood that I refer only to its principles and not to the gentlemen composing it.

If our society were merely an obscure country organization, then any literature promulgated by its authorized agents, particularly if it partook of the nature of extreme radicalism, could be passed over as of little moment; but when such literature emanates from a society as representative of progress as ours is, or should be, including, as it does, in its ranks officers and members of national and State societies, then I deem it justifiable to enter a protest against our committee's indiscriminate attack upon everything smacking of advancement in a therapeutical and pharmaceutical di-

*Read at San Antonio meeting Fifth District Medical Society, February 8, 1905.

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rection, and I sincerely hope that the great majority of this society will agree with me.

At least 75 per cent of all people seeking medical advice and treatment can be relieved by natural therapeutics alone. Natural therapeutics, as defined by Potter, "including the operations of the Vis Medriatrix naturae,—the healing power of nature,—those modes and processes of healing which occur independently of art, and tend to spontaneous decline and cure of disease." Fresh air, diet, exercise, and an occasional cleaning out, will still further reduce the percentage of those requiring the aid of *applied therapeutics;* or the application by art of agents foreign to the living organism, for the purpose of aiding nature to restore the body to a healthy condition.

It is this natural law which is partly responsible for that ever-increasing horde of irregular healers met with everywhere. I say only *partly* responsible advisedly, for we ourselves are mostly to blame for that large stampede of patients to the camp of the enemy, the homeopaths, osteopaths, Christian scientists, etc. If when this large number of imaginary or but slightly ailing class of sufferers come to us for treatment, we could, like our more wise competitors, give them doses appealing to both eye and palate, instead of powders, pills, and liquids, the very sight or smell of which, let alone their taste, would nauseate a wooden Indian, then I say we might regain our former prestige and gather back into our fold that large class of timid sufferers who are now afraid to come to us even when *really* in need of skillful medical attention and therapeutics.

If reforms are needed in our therapeutics, whether it be in the too frequent use of so-called patented or proprietary remedies, or what not, calm and conservative discussion and appeal to reason will accomplish much more good and bring about a much more rapid reform than fanatical attacks and indiscriminate condemnation of a whole system. Over-zealousness has always defeated or delayed the accomplishment of every reformation however urgent its necessity. This rule is particularly applicable to the subject under discussion. No one will dispute that the great and ever-increasing numbers of proprietary and patented remedies annually presented to and urged upon physicians through agents, circulars, and the medical press, are confusing enough to drive a man to drink, in an effort to cull from this heterogenous mass that which is really deserving of adoption; but it also can not be disputed

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that it is a necessary part of our duty to undertake the task of sorting out, and no progressive merchant or mechanic worthy of the name is exempt from a similar duty toward his patrons. Is it not a confession of weakness on our part to cry out in great alarm that the manufacturing chemist is usurping our domain and is forcing us to use his wares against our important wills?

Who is responsible for the manufacture of these numerous preparations against which the committee protests so fearfully? Do you suppose that Messrs. Merck, Stearns, Wyeth, Mulford, Sharp & Dohme, Park Davis, Fairchild, etc., would expend hundreds of thousands of dollars annually and employ scores of able chemists and pharmacists in their laboratories for research if there were no appreciation and demand for the innovations constantly made to our medical armamentarium, as the result of their labor?

Not only in our own profession, but in all the other arts and sciences, men are bending every energy toward advancement and perfection. Only the other day I read of a certain United States Senator who lost his seat in Congress once because he voted in favor of expending a few thousand dollars to enable the inventors of telegraphy to conduct their first experiments. To this day there are thousands of people, and among them doctors, who are opposed to vaccination, vivisection, diphtheria antitoxin, etc., and yet the world moves on and these mossbacks are forced aside to make way for the onward procession of progress.

A pharmacopœia is an official list of the drugs and their preparations recognized by the medical profession of a certain country. In the United States its publication is left to the medical and pharmaceutical profession and it is revised every ten years by a convention called for that purpose. If, therefore, we would confine ourselves strictly to official drugs and remedies, it might be conceivable that at times we might have to wait from five to ten years before adopting such universally recognized therapeutic agents as the different antitoxins and serums, notably diphtheria, glanders, tetanus, erysipelas; the glandular extracts, like adrenaline, thyroid, pituitary, pancreatin, etc.

Local agents, like the X-ray, Finsen light, etc., and such useful, we might say, almost indispensible daily agents, like the *antipyretics,* phenacetine, antipyrine, phenocol hydrochlorate, and exalgin.

Silver salts, like actol, argentamin, picratol, protargol, largin, itrol, and collargol.

Antiseptics, like icthyol, formalin, aristol, iodol, benzozol, xeroform, lysol, trikesol, hydrozone, creoline, and nosophin.

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Intestinal and pulmonary antiseptics and astringents, like benzol, alphozone, orphol, dermatol, tannigen, tanalbin, guiacol, duatol, benzosol, protan, acetozone, creosotal.

Local and general anesthetics, like cocaine B., orthoform, nirvanine, pental, etc.

Hypnotics, like veronal, chloralmid, hypnal, sulphonal, trional, somnose, urethan.

Genito-urinary antiseptics, diuretics, and uric acid solvents, like helmitol, formin, urotropin, cystogin, diuretin, piperazin, lycidin, lycetol, methyelene blue, etc.

Antirheumatics, like salipyrin, salophen, salicen, and malakin.

Of so-called proprietary and copyrighted preparations I will mention only a few of those which have become almost every-day adjuncts in our daily practice:

Of the digestants, elixir lactopeptine, essence of pepsin, extract of pancreatin, peptogenic milk powder, liquor diastas, etc.

Of foods, Mellins', Horlick's, malted milk, panopeptone, bovinine, bovril, liquid peptonoids, malt extracts, etc.

Of antiseptics, glycozone, glyco-thymoline, euthymol, borolyptol, phenal-sodique.

Of tonics and alteratives, pepto-mangan, arsenauro, mercauro, glycerophosphates, emulsions of codliver oil, etc.

Of laxatives, cascara compounds, tamarinds comp., so-called fruit salts, and effervescent salts of various kinds.

And lastly, such preparations as apiol, aconitina, aneasthesin, sea sickness, bromoform, camphoric acid, chloretone, digitalin, um verum, digitalone, for hypodermic, 5-10 minims; duboisine, mydriatic, like belladonna, less irritating; ergotol, ergotin, gonosan, kava-kava in santal oil; hydragogin, napelline, aconite, oil of origeron, physostigmine salicylate, salicylos, stypticin, catarmine hydrochlor ulerin styptic.

The morphine derivatives and preparations, chloranodyne, heroine, dionin.

The iodine preparations, iodophin, aristol, europhen, iodol, nosophen.

The iron preparations, ferratin, and other albumates, arsenates, and bromates.

The guiacal preparations, guiacol, carbonate or duotal, creasote carbonate or creosotal, and benzosol, 54 per cent.

The tasteless quinine preparations, febriline, cocoquinine, Kairin, thalin, hydroquinine, euquinine.

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Sulphur derivatives, thiginal, thiocal, ichthyol, thiol, ichthalbin.
Bromine derivatives, bromoform, bromipin.

None of the long list picked out at random are official; many of them are synthetical preparations and of the compounds hardly a one mentioned is not of some use.

I should be sorry, indeed, if the prejudices of any member of this society should so far overcome his better judgment as to banish all or most of these drugs from his practice without investigating their merits. So also if we desire a local antiphlogistic effect, and have to choose between the ancient, unsightly, unhygienic and troublesome flaxseed poultice and the newer proprietary article called antiphlogistine or its numerous imitations, a physician must needs be prejudiced, indeed, who will prefer the former. I should also feel sorry for the patient whose physician would insist upon taking the acid tincture of chloride of iron for long periods when such elegant and well-established preparations as Gude's Pepto-Mangan and other ferraginous tonics are at his disposal.

We are also under obligations to the manufacturing chemists for such elegant gynecological adjuncts as the antiseptic vaginal tampons, the elastic vaginal and urethral suppositories, the perfect aseptic antitoxin syringes, etc.

It would certainly be injudicious, to say the least, for any physician to eliminate from his practice most or all of the various preparations, simple and compound, simply because some of them were patented or the names of some of the mixtures or combinations copyrighted or registered.

A correct diagnosis must, of course, precede every successful therapeutic attack, but once having made the diagnosis much of the subsequent success or failure may depend upon the form of medication we select, as every practitioner has often learned to his sorrow. Having, for instance, made the diagnosis of a certain form of anemia in which arsenic is demanded, it may be a matter of theoretical indifference which preparation we prescribe, but it may be quite a different matter with the patient, who has to take it for long periods. What does he care how much intelligence has been displayed in his diagnosis, and how great is his physician's knowledge of materia medica, if his stomach and senses rebel against the drugs that are being forced upon him? He wants to get relief, and, therefore, whatever remedy is selected must be given in such form that he will take it, and his stomach retain it. Otherwise neither the correct diagnosis nor the correct selection of the drug will have

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any practical result whatever. It is certainly the height of folly to insist upon a patient taking an obnoxious preparation simply because our pharmacopia so directs, when a more elegant and palatable one may be gotten from our manufacturing chemist who has, perhaps, devoted years of labor toward attaining perfection in that particular preparation. Elegance and palatability are especially desirable for that large class of neuresthenics and hypochondriacs, so frequent among women and children, who are now driven to more attractive healers who make up by shrewdness what they lack in scientific attainment. If we should pay more attention to these minor details of therapeutics and, instead of attacking those who would help us, encourage them in their effort, there would be less need for outside legislation to suppress our more wily and unscrupulous competitors.

Does it not strike you as somewhat incongruous that we alone of all professions and trades should rise up in arms against a coordinate branch which is continually striving to assist us in improving our therapeutic weapons? Suppose railroad, steamship, telephone, and electric light companies, etc., should suddenly promulgate orders to the effect that henceforth all innovations in life-saving, time-saving, etc., must be stopped, because inventors are forcing upon them improvements so fast that they can not cull the useful from the useless. Our medical societies would be among the first to enter a protest, and yet our committee is urging us to do this very thing. If, instead of condemning the whole system of medical sample business, we would take advantage of the opportunities offered to make intelligent selection only of such preparations of drugs of reliable concerns as appeal to reason and common sense, those of us who do so will certainly have an advantage over those who do not.

Conservatism in therapeutics, as well as in every other branch of science and government, is commendable up to a certain point; after that point is passed it is no longer conservatism, but mossbackism. We style ourselves regulars, scorn the sobriquet allopath, and resolve and resolute at every meeting against pathics of all kinds. Our chief claim for superiority over all other so-called schools has always been that we accept innovations from any and every source tending to the advancement of our profession regardless of its origin—as we did vaccination from a milk man.

Even the medical department of the army, one of the formulators of our official pharmacopœia, and most conservative in all things

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therapeutic, approves of no less than *seventeen* unofficial preparations, several of which are patented or registered as proprietary, as indicated by the following list taken from its latest supply-table: Adrenalin hydrochlorate, albolene, antipyrine, antitoxin diphtheria, digitalinum, ergotinum, glycozone, hydrozone, ichthyol, peptonizing tablets, phenacetine, salophen, sulphonal, trional, urotropin, trichisol, and malted milk.

Now for the circular itself: The committee assures us that "great damage is done the people (and the physician) by the medical sample business, along with the prescribing druggist." I had always thought that the medical sample business was practiced exclusively with physicians, and it never occurred to me before that the dear people were damaged by Mr. Jones' agent leaving a new preparation of cod liver oil, cascara compound, pepsin compound, cough mixture, etc., upon my desk; neither had I discovered before that I was being damaged by these Chadwickean representatives of the manufacturing chemists. I had always imagined that I had judgment and intelligence enough to discriminate, without the agent's advice, which of the preparations presented deserved consideration and which did not, and notwithstanding the great danger I am assured of, I hope that the medical sample business will continue as long as I am capable of practicing my profession. When my mind becomes so feeble that irresponsible agents can dictate to me what remedy I must use, then I will retire and give way to men who have minds of their own.

I must be very dense, indeed, for I can not see what connection the medical sample business has with the prescribing druggist. As long as I can remember druggists have been in the habit of prescribing for all sorts of diseases. Before the more convenient modern preparations were obtainable, such crude drugs as quinine, calomel, castor oil, Epsom salts, santal middy, copaiba, paregoric, flaxseed meal, all sorts of herbs, turpentine, carbolic acid, etc., were prescribed by him. Would our committee insist that because of this fact all the above and many more should be banished from our routine practice?

The committee further says, "the fact can not be controverted that three-fourths of the prescriptions received by pharmacies are for proprietary remedies advertised to doctors only. The druggist simply opens the package and writes: "Teaspoonful three times daily, after meals." The original bottle is given the patient, and he does not go back to see the doctor, etc., but goes back and asks

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"for more of the same." I must again confess my inability to see any point in this argument against the use of proprietary remedies, for if the druggist will grant the request of his customer to have any medicine repeated without an order from the original prescriber he will, if he is paid for it, repeat an extemporaneous prescription just as readily as a proprietary one, and if the doctor was intelligent in the selection of his first proprietary prescription, there should be no more harm to the patient if he has it refilled, than if it had originally been an extemporaneous one. The evil complained of lies not with the form of the remedy prescribed, but with the cupidity of the druggist who prostitutes his calling and infringes on our rights. An excellent example of this was furnished during the great dengue epidemic here in 1897. When the disease first made its appearance I had many calls. I did not prescribe a proprietary remedy in any case, yet as the epidemic progressed and as calls should have increased, they grew less. The explanation was easy. If you were called to the family of Mr. A., living on X street, say you left a prescription for the husband. It relieved him, and next day when Mrs. A. was taken ill, she had the prescription repeated for herself without calling a doctor. Mrs. B., living next door saw how nicely her neighbor got along and, without sending for a physician, had the same prescription refilled for herself and children; and so, one or two calls on Mr. A. relieved many families of the necessity and expense of sending for a doctor at all. If I am called to treat a sprain of the ankle, and find it necessary to order an antiphlogistic application, it would be just as easy for the patient to send to his druggist daily for more flaxseed meal or iodine, as it would be for him to order more cans of the more cleanly proprietary preparation antiphlogistine. A tonic or cough medicine, or quinine mixture or capsule, would share the same fate, whether proprietary or extemporaneous. Returning to the circular, it there quotes a writer, said to be a manufacturer, as follows: "For one physician capable of prescribing the precise medical agent needed by an individual patient there are at least five who prescribe proprietaries. They are the chief stand-by of the country practitioner." "If these statements are true," says the committee, "it would appear that the standard of education among medical men in this country is very low, indeed." Here, again, I differ from the committee's deductions. Even if the proportion of proprietaries given was correct, which I doubt, it would not necessarily follow that our standard of education is very low, for, as I stated before,

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the diagnosis in every case is the essential and most difficult matter to be determined, and no uneducated person, to whatever school he may belong, can make many correct diagnoses if he is as uneducated as our committee would have us believe. Having once diagnosed the case, there seldom exists, except in the minds of theorists, the necessity for such wonderful therapeutic preciseness that each individual patient must have an entirely different medical combination quantitively and qualitatively. If I have ten different patients all having approximately the same pathological condition of their lungs, and I think heroin, for instance, indicated, I fail to see why glycoheroin should not be used for all ten whether they are all sick at one time in one hospital or are all scattered over different parts of town and are taken sick at different times. This principle is adopted in all large hospitals the world over, where favorite prescriptions of famous professors are often prescribed entirely by number or abbreviation for cases of similar nature. Potter hits the nail on the head when he says, "It is worse than futile to attempt to prescribe for every symptom. The underlying cause of the bodily condition must be sought out and prescribed for simply."

I believe we have but few important drugs today that can not be prescribed without detriment to the patient in some more attractive form or vehicle than can be extemporaneously prepared at an average drug store. The country doctor especially has cause to thank the manufacturing chemist for putting at his immediate disposal every drug in our materia medica, simple and in combination, in such form that he can rely implicitly upon both the quantity and quality of every dose he wishes to give.

Would our committee have him discard his tablet triturates, compressed tablets, pills and accurately prepared mixtures for the old-time way of measuring out on the end of his barlow dosages for men, women, and children; or trusting the preparation of his liquids, ointments, and pills to some out-of-the-way drug store with an underpaid clerk, an antique stock of moth-eaten roots and herbs, or stale precipitated tinctures and old extracts of uncertain strength, weighed on scales of doubtful accuracy, measured out and mixed in graduates, mortars and pill tiles reeking perhaps with past offenses, and finally put up in bottles rinsed out in water of slop-like purity? If any member present thinks that I have overdrawn this picture, let him investigate for himself, and then tell me that he would not rather take a tablet or mixture prepared by some of our standard manufacturing chemists than to trust his own dose to any and every

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shop that bears the sign of pharmacist. Why, the committee itself makes a powerful argument in favor of original packages when it calls our attention to the fact that "some druggists have even a favorite remedy of their own make, which they prescribe or substitute when filling a prescription from a regular physician." It is said that a certain "board of health, suspecting that prescriptions for phenacetine were being filled by druggists with acetanilid, or a mixture of phenacetine and acetanilid, sent inspectors to obtain definite information on the matter. Altogether 373 samples of phenacetine were brought from as many different drug stores, phenacetine being especially called for, and in some instances, obtained on physician's prescriptions. Of the 373 samples, 58 were pure phenacetine, 315 were adulterated with cheaper drugs, mainly acetanilid, while 32 samples were pure acetanilid. What do you think of this for an argument *against* proprietary remedies? Do you wonder that reliable manufacturing chemists with a reputation at stake, should urge us to prescribe original packages whenever it is possible to do so?

From the past paragraph one would infer that the committee had awakened from its dream to the real danger confronting us; but,

"Alas! from what high hope to what relapse, unlooked for are we fallen!"

Listen to this pitiful appeal: "The patent medicine men are wide awake, etc. Shall we remain idle until we are bound neck and heel? Is it fair to our patients? Do not our obligations to humanity demand that, as scientific and honest men, we openly declare our opposition to this nefarious business?" i. e., the manufacturer of patent, proprietary and synthetecal medicines. In marked opposition to the views held by our committee on the harmful and illegal traffic caused by synthetecal drugs is that of Torald Sollman, who, in a scholarly discussion on "Pharmacology;" in the *Journal of the American Medical Association*, of November 25, 1903, says, regarding the study of vegetable drugs, which as yet are so little understood, "that it does not seem too much to hope that we may eventually be able to dispense entirely with vegetable drugs and produce artificially the identical constituents which we now use and in many cases improvements on these."

I will conclude my paper by briefly answering the list of questions accompanying the circular.

First question: "Do you personally approve the use of patent

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and proprietary drugs in a physician's practice?" I do not believe that the committee had in mind Peruna, Mrs. Lydia E. Pinkham's and other life saving preparations, when it used the term patent. Unless it did I answer the question affirmatively. I will go even further, and say that I would consider it a reflection on the progressiveness of the personnel of this society if any member thereof should unqualifiedly answer it negatively.

Second question: "Have you analyzed said drugs? And if so, did you find analysis to correspond with the formula submitted by the manufacturer?" I will answer this question by asking the committee another equally as pertinent: "Did you ever analyze your hypodermic strychnine, morphine, nitroglycerine, and atropia tablets, upon which you rely to save life in great emergencies?" If you have not so analyzed them quantitatively and qualitively, why are you not criminally negligent in not so doing, if you suspect the same manufacturer who prepares these tablets and the alleged unreliable nostrums, which you decry, of deceit and misrepresentation? Can you afford to unhesitatingly employ one of their products which require the greatest possible amount of care, skill and honesty, and yet suspect them of willful misrepresentation in another product? Again, if these manufacturers can not be trusted in placing before you certain palatable and elegant-looking tonics, cough mixtures, antiseptics, etc., why do you trust these same parties in supplying you with the fluid extracts, tinctures, etc., used in your extemporaneous prescriptions? Is it the custom of the members of this committee to analyze every bottle of fluid extract, tincture, powder, etc., before they permit them to go into their prescriptions?

But of all the questions, the third is the most startling of all:

Third question: "What per cent of the present great increase in insanity do you attribute to the use of these nostrums?"

I am not an expert on insanity, nor have I ever devoted special study to the subject; but unless some wonderful changes have occurred in the realm of psychiatry, I must confess total ignorance of any etiological connection between the various preparations of cascara sagrada, iron preparations, Gude's Pepto-Mangan, the hypophosphites, cod liver oil, antiphlogistine, baby foods and insanity.

And to the fourth question: "What per cent of the increase of inebriates and dope fiends do you attribute to their use?"

I can not recall a single dope fiend or inebriate during my practice of seventeen years whose affliction I could trace, by the most

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devious and hypercritical analysis, to proprietary drugs. Perhaps the committee, though, has been more keen in this respect, or has up its sleeve certain preparations of which I have never heard, for I am positive that I have never myself used any remedy which could even remotely have been held responsible for such disastrous results. Furthermore, I firmly believe that if dope fiends, particularly cocaine fiends, are created by doctors at all, at least 95 per cent are so made by throat and nose specialists, in the necessary treatment of most of these diseases, and not by the general practitioner, who seldom uses this drug more than once or twice on the same patient. A more pertinent question would have been: Do you personally approve the hypodermic use of morphine in a physician's practice? Then questions three, four, five, six, and seven might more logically have followed, for no one can deny the baneful effect of the too ready and frequent use of the hypodermic syringe on susceptible individuals in causing dope fiends. And yet, I am quite sure that no member of the committee would suggest that the hypodermic use of morphia should be eliminated from the physician's practice.

Another stunner is question number five: "What influence have they on the unborn child?" I should say that they, the better, newer drugs and proprietary preparations, should have a very beneficial effect on the unborn child if taken either by the father or mother. For instance, a course of arsenauro, mercauro, Gude's Pepto-Mangan, etc., would greatly benefit an anemic mother, and some of the phospho-lecithin compounds, or locally, some of the newer silver preparations, might help the father considerably, and save the offspring an attack of ophthalmia neonatorium.

Sixth question: "Shall we protect the laity against their use? And how?"

If the intelligent use of the drugs mentioned is not injurious per se, why should we protect the laity against their use any more than against the employment of any other drugs? Would the committee advocate the abandonment of calomel, castor oil, magnesium sulphate, quinine, flaxseed meal, paregoric, laudanum, carbolic acid, etc., because the laity can also go to the drug store and purchase these just as they can cascara preparations, phenacetine, euthymol, listerine, etc.?

Seventh question. "Shall we protect the profession while we may, or shall we wait until the majority are on the other side?"

As I have never before considered our profession in danger from

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any of the causes mentioned, I must confess that I prefer to wait until the majority are on the other side; perhaps the pressure will then be relieved somewhat on this side, and many of the anticipated dangers will right themselves.

For Texas Medical Journal.

Reminiscences of an Old Doctor.*

BY J. M. FORT, M. D., PARIS, TEXAS.

Fifty-three years ago I launched my professional canoe out into the turbid stream upon which floats the bark of every general practitioner of medicine.

The system of teaching medicine at that time was not as it is today. All the instruction the medical student had for the acquisition of a medical education was obtained by listening to a series of didactic lectures. As for clinical instruction and bedside experience, that was left for him to obtain at the bedside of his patients in after life.

The young man, fresh from a medical college, who set himself up to administer to the sick and afflicted was nothing more or less, practically speaking, than an educated donkey. It is true he had been taught that all manner of diseases (except the exanthematous) were produced or set up by accidental causes, such as exposure to the various vicissitudes of weather, imprudent diet, etc. The germ-origin of diseases had never been dreamed of.

The opinions then entertained by the great mass of regular physicians were the same as those set forth by Galen in the third century of the Christian era. It should be borne in mind that all progress in medical science had been beaten down and trodden under foot by Ecclesiasticism, which cursed the world and deluged it in blood for so many long and dark centuries.

We were taught, and all or nearly all medical men embraced the opinion, that all febrile diseases, especially those of an acute character, were the result of some localized inflammatory lesion of some one or more of the vital organs of the system; I repeat: this opinion was entertained by the great mass of physicians down to the middle of the last century.

Nervous diseases, except in such cases as hysteria, chorea, epi-

*Read by Dr. Fort (age 77) before the North Texas Medical Association at the special request of the Association.

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lepsy, etc., were almost lost sight of, both in the diagnosis and treatment of diseases. Even nervous complications were but little regarded by these older physicians.

I well remember we old doctors were very proud of our title. To be called "Doctor" meant something. It was not then an empty word. I remember I would give a negro a quarter to meet me in front of a country church and call me "Doctor" and hitch my horse. I don't think we were to blame for this little bit of egotism, however, for it was before the day when the Osteopath, the Christian Scientist, the Magnetic Healer and the Nigger were made into "doctors." It was before the day when this grand and noble science that taxes the brightest and best intellects of the age to master, if they ever do; this deep and intricate science which shines forth perhaps the brightest star in the galaxy of stars, representing the arts and sciences known to mankind was so debased.

I shall class myself among those veterans and feel proud of the association and say, at that day and time, we seldom tried to diagnose a disease to the extent of naming it. We were governed in the main by the symptoms which presented themselves in each individual case. This nosology or naming of diseases came some time later. If the patient had a high fever, which we were left to judge of by the touch and rate of pulse; we had no such thing as a thermometer. We would bleed the patient to the verge of syncope. If suffering from an acute pain in an accessible locality, we would scarify and cup them or put a fly-blister, something less than a yard square, over the seat of pain and give ten or fifteen grains of calomel; if a child, from three to five grains. As a rule, this sufficed for the first visit to the patient. If the patient died before the next visit, which was usually made in from twelve to twenty-four hours, it was our professional duty to comfort the bereaved family by laying the blame upon the Lord, just as all the preachers do at the present day. We would say to the distressed family and friends, using a pathetic, ministerial tone of voice, "The ways of the Lord are dark, mysterious and incomprehensible. The Lord giveth and the Lord taketh away. Blessed be the name of the Lord." But if the patient luckily survived this treatment but still had fever and seemed quite ill, he was drenched with half a glassful of castor oil and from three to five grains of calomel, alternating with decoc-cinchon or quinine, given from four to six hours. In acute non-febrile cases we depended on emetics and purgatives.

In other respects the case was treated upon the old plan. The

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patient was closely wrapped in bed—this to promote perspiration. He was put upon a sparing if not a rigid diet and allowed hot drinks, such as sage tea, ginger tea, etc. You must remember that for centuries disease was thought to be an entity, and was gotten rid of by exorcism. Something of this idea must have been entertained by the older doctors in the efforts they made to starve the thing to death. His room must not be ventilated, nor must the patient be allowed cold drinks, not even cold water. Such is a general outline of the practice pursued in those days, the practice being largely routine. It may be reasonably supposed by such large doses and the persistent use of calomel, many of our patients got up from a sick bed with sore mouths. However, the doctor consoled himself by the thought that he had mastered the disease, let it be what it might.

Now don't throw the blame for what you will denominate malpractice upon the shoulders of the older physicians, for they were standing in the front ranks in the profession in their day. Thus far it had progressed and no farther, and, gentlemen, will you dare say they did harm rather than good to suffering humanity? As they were frequently far away from the reach of any aid by a brother physician, alone in the isolated cabin of a pioneer settler, they had to fight single-handed and often successfully the battle of life and death and meet emergencies with a heroism and an undaunted courage which seldom fall to the lot of the physician of today.

At that time tartar emetic was a favorite remedy in the treatment of pulmonary diseases, especially pneumonia after thorough depletion by venesection. Did we or did we not hasten many of our patients out of the world by this course of treatment?

Our armamentarium in the way of remedies consisted, in the main, as follows: Several preparations of mercury, cinchona bark for a time, and then quinine, ipecac, rheubarb, epsom salts, castor oil, tartarized antimony, lobelia, boneset, opium and some of its compounds and a few anti-spasmodics. Add to this a mustang pony and a lariat with which to stake him out.

The main difficulty connected with the intelligent practice of medicine at that time, as it now appears, was the want of knowledge of the true etiology of diseases, and in addition to this, an absence of any conception of the physical warfare which is said to be constantly waged between the disease-producing germs or their ptomaines and the normal vital cell force whose tendency is to resist the invasion of these foreign elements in the system. Here

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lay what is said to be our greatest mistake, as modern advance and progress in medical science seem to indicate.

Believing, as we were taught, that all diseases were of an inflammatory character, we exerted ourselves to subdue this morbid process, not dreaming, as now contended, that we were robbing the patient of that cell vitality or cell life the innate powers of which constituted his best means of overcoming or combating diseased conditions. And yet, when we consider the success which attended the practice of those older physicians, we must find a then unknown virtue in their remedies, or we are led to doubt the accuracy of the theories now entertained in regard to the origin of diseases.

The cry of the profession now is bacteria—bacteria—bacteria—ptomaines — ptomaines — micro-organisms—cocci—cocci. I think we have gotten down to the root of the tree. We claim that the great majority of diseases are of germ origin. And may not these old doctors have cured many of their cases by the free use of mercury—one of your best germicides?

Individually, I shall never be satisfied with the contention of the germ origin of diseases, as now advocated, until we are shown the origin or nidus of the germs themselves. It is said they are floating in the atmosphere, but the atmosphere does not generate them. You fail to tell us from whence they come, and to my mind this should be the great question which ought to engage the investigating minds of the physicians of the day.

There was another circumstance which, in my judgment, tended to the success of the practice pursued in those days, namely, this whole southern country was being converted into an agricultural country. Lands were being cleared up and thousands of acres of virgin soil were being exposed to the rays of the sun. Consequently malarial fevers and malarial complications of diseases prevailed to a very great extent throughout the entire southern country. This contention, as I am aware, presupposes malaria to be a product of the soil which I am thoroughly convinced is true, the mosquito theory to the contrary notwithstanding.

This modification or complication of diseased conditions may have had, and doubtless did have, its influence in their favor. Here we at least find indications for the use of mercury and quinine. Believing, as we did, and as we were taught, that all fevers were the result of an inflammatory process, as before stated, we exerted ourselves to subdue this process, not realizing, as is now contended, that we were robbing the patient of his constitutional and reserved

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physiological powers of resistance, the powers of resistance now relied upon to carry our patients safely through a disease.

To illustrate the importance attached to venesection as a remedy in the treatment of diseases at that time, let me say that even septic fevers were regarded as inflammatory affections, and it was the sworn duty of the physician to bleed such cases first, last and all the time. Sepsis, as now understood, was an unknown condition. We saw puerperal women lie in this condition, but never dreamed that it was the result of absorption of a poison through local abrasions, or retained debris in the uterine cavity. That illustrious teacher of obstetrics, Chas. D. Meigs, was in the habit of detaching, in imagination, the peritoneal membrane and spreading it out before his class and telling us that puerperal fever was an inflammation of this broad sheet of membrane, and that nothing short of the lancet could rescue the patient from immediate and certain death. He went so far as to say, "Don't wait to fix a binder with which to cord the arm, but snatch the garter from the leg of some old woman, always present, and set the stream to flowing." In those days the great majority of obstetric cases were bled from once to twice before the time of parturition and, as a result, I think we had fewer cases of eclampsia then than now. This, however, is but an opinion.

The first obstetric case which I attended after beginning the practice, was a lady in one of our nicest families, a primipara, a handsome and lovely lady with all her environments in keeping with the personnel of the family. The old lady, mother of my patient, was on hand, of course. The old lady looked at the young, dudish-looking doctor out of the corners of her eyes with an expression which admitted of several interpretations. I put on my most knowing looks and all the professional airs I could command. I realized at once the importance of gaining the confidence of this old lady. Otherwise, I would be a gone chicken. So, as soon as it was convenient, I took a seat by her side and proceeded to make all manner of inquiries about the health and general constitutional condition of her daughter from the beginning of her pregnancy up to the present time. After this I took a seat beside the bed and made a digital examination of the case. And what did I learn from the examination? I knew no more than if I had introduced my finger into a tub of guts. I didn't know the os uteri when I touched it. I felt around the bony cavity, and satisfied myself that there was room for the head of an ordinary child to pass with-

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out bursting things to pieces. So I determined to let nature take its course, a wise conclusion in more instances than this one. When the pains became severe and bearing down, the poor woman looked to be in such distress and cried out so lustily, I got scared. I really thought the woman would die. I had never seen a woman in labor before. I looked at the old lady, her mother, and saw that she was not at all alarmed. She was taking things easy. This reassured me, and I became reconciled to my fate. The labor proceeded normally, and when the baby came into the world, I was ready to catch it. I did with the baby and also with my patient everything suggested by the old lady, and it all ended well, and "All's well that ends well." But if it had been a case of placenta previa or eclampsia, I am sure I would have died as well as the patient, for I was as ignorant of the ins and outs of even the physiological process of labor as a cat of holidays.

All eruptive fevers were then believed to have their origin in, and to be propagated by an unknown, intangible effluvia, or poisoned atmosphere. The question as to what this disease-producing poison was, was never considered. It was taken for granted just as thousands of erroneous conceptions are taken as facts at the present day. Some old, forgotten smart Alec said it was so, therefore it had to be so. All these cases (i. e., eruptive fevers) were treated by close confinement in a warm room, the giving of warm drinks and sweating teas. Free ventilation, cold water or cold drinks of every kind, and cold sponging were strictly prohibited in all cases. Had a physician pursued this,—what we now call a rational course of treatment,—in any given case, at that time, and from some unforeseen complication had lost the case, you might as well have said "Farewell, brother Crawford, ah," to that doctor. He could have done no more practice in that community. Doctors and laymen alike would have denounced the treatment and hounded him as a reckless humbug.

For several years after I began the practice of medicine, all the older practitioners said that, up to that time, there had never been a case of typhoid fever west of the Mississippi river. Whether this opinion was entertained from the fact that no such cases had occurred prior to that date, or whether it was in consequence of their inability to diagnose these cases, I am unable to say. I do know, however, that I had not been engaged in the practice very long before I ran across cases of this disease, and I did, as is frequently done now, kill some of them trying to cure them with

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medicines. The great mistake made in the treatment of this disease, in my judgment, is too much medication and not enough attention to the person of the patient.

We did but little surgery in those days. As a rule, the doctors were as timid in the use of the knife as the patients were in having it used. It is true, we had an arm or a leg to amputate from necessity now and then, and occasionally to splint a fractured bone. I remember assisting my father when a boy in amputating an old fellow's leg for necrosis of the tibia. We extemporized an amputating table out in the yard. It was before the days of anæsthetics, so we tied the old fellow down hard and fast with a rope. He yelled manfully during the operation. Being a mischievous boy, it was fun for me. After his leg was taken off, one of his boys asked the old man what he should do with it. He said, "Throw the damn thing to the dogs."

We knew nothing of ovarian cysts or fibroid tumor or appendicitis. To perform laporotomy would have been a crime never to be forgiven. Now and then some poor, innocent girl would go down to her grave in shame and disgrace on account of the ignorance of the profession in regard to her malady.

For more than a thousand years Ecclesiasticism, a system of organized tyranny, put its heel of oppression upon the science of medicine, and, in fact, upon all science, denied to all men the right of individual opinion, tying them down to the hypocritical pretense of a uniform belief in the dogmas and dicta of its corrupt organization, denied to the profession all right of dissection, "saying that the lifeless body of an individual should not be cut, as it would mar and deface it when resurrected from the dead on the judgment day," that imaginary day of sham and pretense. Ah, who can estimate the tears that have been made to flow, how mankind has been made to suffer, how tortured, how the hearts of even poor, innocent women and sweet children have been torn asunder and made to bleed. What a cry of wail and woe has ascended and fallen upon the ears of a just and merciful God by this ecclesiastical fraud, this unprincipled and dishonest mode of distorting money from the poor and illiterate masses.

The physicians of that time were very different from some of our young doctors of today. In some instances the first thing a young doctor endeavors to do now is to establish a reputation of being a first-class surgeon by cutting and slashing every poor woman who falls in his way, often succeeding better in filling up grave-

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yards than in establishing an envied reputation. I like to see an ambitious, aspiring young doctor rise in the profession, but I have no patience with or respect for the man who would sacrifice human life recklessly for the sake of an ephemeral reputation, a reputation that would go down with the setting sun.

Then again, allow me to say that all the modern advances in the way of appliances as aids to the diagnosis of diseases were unknown to the older doctors. They had not been reached in the onward progress of the science. Even medical nomenclature is getting beyond the reach of some of them. They were in the main a fearless set of men, daring to do their professional duty under the most adverse and unfavorable circumstances. It was never too hot or too cold; it was never too wet or too dry; never too dark or stormy for these old veterans of by-gone days to listen to the cry of the afflicted or to dry the tears of the distressed.

Let me beg you, gentlemen, to lay the hand of censure lightly upon their shoulders; suppress the gesture of scorn, and silence the word of ridicule offered these old doctors. They did as one of old. They did the best they could. When a slur is about to be cast upon them, remember that medical science has made its rapid strides in progress since their day. They lived and labored in the twilight of demonstrated medical science, and now they have gone to their reward. "Peace be to their ashes," and respect for their memories.

For Texas Medical Journal.

Etiology and Treatment of Puerperal Eclampsia.

BY FELIX S. MARTIN, M. D., BEAUMONT, TEXAS.

The cause or causes of eclampsia has always been and is to this day, a question of the greatest speculation. In this brief paper I shall attempt to give a short summary of the etiology and treatment. That the question is one of importance, will be attested by any one who has seen cases of this frightful malady. Among the many theories advanced as to the cause may be mentioned: (1) albuminuria, with its accompanying causes; (2) structural change in the nerve centers and their envelopes; (3) cerebro-spinal congestion; (4) a neurosis caused by reflex irritation of the spinal system originating in the uterus; (5) general or cerebral anemia; (6) uremia; (7) ammonemia; (8) urinemia; (9) extractive matters in the blood, such as creatin, creatinin, etc.; (10) defective

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renal action, due to pressure of the gravid uterus upon the superior vena cava, upon the iliac veins and upon the kidneys—later supplanted by the theory of pressure on the ureters; (11) brain diseases; (12) soluble toxic ptomaines; (13) ergot, one-half ounce as a cause in one case; (14) uneliminated organic constituents of the urine; (15) heredity; (16) Dewees taught that they were epileptic, apoplectic or hysterical—a strong determination of the blood to the brain being a premonitory system; (17) Hodge: that it was due to congestion of the blood vessels of the brain; (18) Traube-Rosenstein taught the opposite: that it was due to cerebral anemia, caused by compression of the cerebral vessels from serous effusion which escaped from the vessel during the high arterial tension; (19) toxemia—the theory that is accepted today as the cause of eclampsia, but it is admitted that there is great room for research yet as to the cause. Among predisposing causes may be mentioned all acute and chronic kidney diseases. Retention of the urine, as in twin pregnancies, hydramnios, etc. By small pelves and by large fetus or fetal head, eclampsia occurring in 11 per cent of multiple pregnancies and in only 1 per cent of single pregnancies. Primiparis have it 3 to 1 multipara.

The exciting causes are abrupt suppression of urine, constipation, painful contractions of the uterus, rigid os, etc., extended and exhaustive expulsive efforts and excessive emotions.

As eclampsia, in regard to time of occurrence, may be ante-partum, intra-partum or post-partum, the treatment resolves itself into the treatment of these three stages. In order to prevent an attack of ante-partum eclampsia, the treatment is necessarily prophylactic, and the treatment of an actual attack is called curative treatment.

First, in order to prevent an attack of ante-partum eclampsia, one must recognize the symptoms which denote an impending attack. Of course, if albumen in large quantities is found in the urine, our suspicion should at once be aroused, but it must not be forgotten that eclampsia occurs in from 9 to 16 per cent when there is no albumen whatever in the urine. Hence, there are other symptoms which must be looked for. They are: high arterial tension with accelerated pulse, digestive disturbances, constipation, headache, and disturbances of vision, temporary loss of consciousness, anorexia, and a decrease of all excretions, both solid and liquid. All of these symptoms may be present with or without albumen in the urine. Another and more important constituent of the urine, espe-

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cially as regards pre-eclampsic conditions, is urea. When urea is decidedly diminished, with or without the above symptoms, we should expect an eclamptic seizure at any time. The retention of urea in the system leads to the belief that the convulsions of eclampsia were uremic in origin, which has been shown to be erroneous. Large quantities of urea have been injected into rabbits without causing any toxic symptoms whatever; the injection of bile proved to be nine times as toxic as urea, but that the quantity of urea excreted is a good index of kidney inadequacy, goes without saying. Yet it must still be borne in mind that eclampsia has occurred in cases in which the amount of urea excreted was normal in quantity. Bouchard's experiments along this line are interesting and instructive, and they prove that other material exists in the urine equally poisonous, if not more so, than urea. He found that a certain quantity of normal urine would produce toxic symptoms when injected into rabbits of a given weight. But in renal insufficiency, in which there is retention in the blood of poisons, he found that a larger quantity of urine was required to produce toxic symptoms. Hence, the toxemic theory of eclampsia. Bouchard's further experiments showed that in renal insufficiency the poisons retained in the blood were due (1) to food-nitrogenous, such as meat, etc.; (2) bile; (3) decomposition of food in the intestines and reabsorption of its products (Edgar). No doubt fetal metabolism adds also to the intoxication of the mother, as shown by the fact that eclampsia occurs more often in twin than in single pregnancies. However, others claim that this is due to more pressure on the ureters than in single pregnancies.

Having recognized the symptoms, then the treatment is in order. All authors, I believe, are agreed that the first thing to do is to put the patient on an absolute milk diet. The liver, kidneys, skin, bowels and lungs must be improved in action, and the uterus evacuated if necessary. To act on the liver and kidneys, and, in fact, all the secretions, calomel is recommended, followed by salines. Calocynth and aloes are given in daily doses. Warm baths and pilocarpine—the latter in the pre-eclamptic state in cases without heart complications only. Some cases must be confined to bed; others can take moderate exercise. High enemata of pure, warm water or magnesia sulphates are recommended. An examination of the urine every few days to note quantity of albumen and urea. In these cases, Basham's mixture is especially good for the anemia. Diuretics are also indicated such as spirits nitre dulcæ, squills,

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digitalis, and calomel. After bowels are well emptied, pill of aloin, strychnine, and belladonna with cascara sagrada are useful to prevent return of constipation. Venesection has been advised, but there is much speculation as to its utility.

In the treatment of an eclamptic seizure, authors are agreed that chloroform anesthesia is the best procedure. The convulsions are to be controlled by chloroform inhalations and by chloral and bromide of potassium by the rectum, the latter in large doses; hypodermics of fluid extract of veratrum viride, 10 to 20 minims, to reduce arterial tension, and pulse should be kept as low as 60 by repeating the veratrum. Venesection is advised in plethoric and robust patients, and some advise it in all cases, claiming that it improves the pulse. From eight to sixteen ounces of blood are removed. There is a difference of opinion as to the use of morphine, but most authors advise from one-fourth to one-half grain, hypodermically, to control convulsions. Sweating must be aided by means of the hot bath and hot pack. In favorable cases the convulsions cease, and a comatose condition supervenes, to be followed by consciousness later. In unfavorable cases consciousness does not return, the patient dying in a state of coma.

In addition to the above treatment, most authors, and especially American, advise evacuation of the uterus. Various methods are adopted. Some prefer to rupture the membranes and leave it to nature, while the majority prefer to evacuate the uterus at once, either by instrumental dilatation of the cervix, and the application of forceps, or by version. Edgar advises incision of the cervix in case of rigid os. He makes four incisions—two lateral above and two lateral below.

The table of Green, of the Boston Lying-in Hospital for eight years, gives the following mortality in eclampsia: Ante-partum is the most fatal—mortality of 46 per cent; intra-partum is next—mortality rate of 25 per cent, and post-partum is last—mortality rate of 7 per cent. (Edgar.)

If you will pardon the length of this paper, I shall endeavor to report one of the several cases I have seen in Beaumont:

Mrs. R., age 17, primipara, seven months pregnant, was suddenly seized with eclampsia about the middle of January, 1903. I was called about 4 o'clock a. m., the first time I had seen the patient. I found her with a typical case of ante-partum eclampsia; face and eyelids swollen, together with considerable anasarca of the lower extremities; bowels constipated; urine

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scanty. She was having convulsions one after another, during one of which the tongue was bitten, and was now swollen. She was unconscious between attacks. I immediately ordered chloroform inhalations, and returned to the office for instruments and to secure consultation. Dr. Wier accompanied me, and when we arrived found that the chloroform had prevented the return of decided convulsions, although she was still having muscular twitchings. We gave one-half grain morphine hypodermically, followed a moment later by fifteen minims of fluid extract of veratrum viride hypodermically and chloroform inhalation continued. In the absence of a syringe, we did not give chloral and bromide per rectum. The hypodermics and chloroform controlled the convulsions perfectly, and we advised immediate evacuation of the uterus, which was finally consented to. Dr. Wier performed the operation, dilating the cervix by the combined instrumental and manual method; applied forceps, and delivered a dead fetus, under deep chloroform anesthesia. As there was no return of the convulsions, the chloroform was gradually withdrawn, and instructions left to immediately begin it in case symptoms of convulsions should return. The veratrum brought down the pulse splendidly, and it was not repeated. The convulsions ceased from that time on, and complete consciousness returned after remaining two days in a state of coma and semi-consciousness. An examination of the urine was made in the afternoon following operation in the morning, and found loaded with albumen—nothing else was looked for, and no microscopical examination was made. Purgatives, diuretics and warm baths were ordered, and all acted well. The urine was examined daily. The albumen gradually disappeared until the urine became perfectly normal. Patient continued to improve, appetite returned, and she was gradually able to resume solid food; milk diet finally discontinued. In about ten days she was allowed to get up and sat in a chair in the room, and in a few days went about the house apparently perfectly well, although weak. In about five days after getting up she had a severe chill; the urine became suddenly dark and bloody—so much so that malarial hematuria was suspected. There was intense pain in the bowels, and about on a level, and a little below the kidneys. Very little, if any, pain in the back. There was severe nausea and vomiting, so much so that medicines and food could scarcely be retained. There was very little fever—the temperature not going above 101° F., and at times no fever at all. A chemical

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examination of the urine revealed albumen in abundance, and on microscopical examinations numerous casts were found. The casts were of the hyaline and granular variety. A diagnosis of acute parenchymatous nephritis was made. As the vomiting and pain in the bowels were the most prominent symptoms, medicines for their relief were in order. She was given all forms of stomach sedatives, and the skin over the epigastrium was reddened with mustard. All failed to relieve the vomiting, and all the rest she got was from hypodermics of morphine. Just as soon as the effects of the morphine were gone the vomiting returned together with the pain in the bowels, and each recurrence seemed more severe. The urine continued of a reddish color and was loaded with albumen and casts.

Patient continued to grow weaker, and for days at a time was unable to retain nourishment by the stomach whatever. Resort was had to rectal alimentation, and was kept up, but the vomiting and pain in the bowels seemed to wear her out. At first she was able to retain a little buttermilk for a short while, but this was promptly ejected later, and as I said before, days and weeks passed without anything being retained by the stomach.

It is remarkable how long this woman lived in that condition.

Finally, about a month from the initial chill, death closed the scene.

The points of interest are: That this patient had no treatment prior to the eclamptic attack; second, the promptness with which she recovered from the attack after the uterus was emptied; third, the stubbornness of the nephritis after the kidneys had become normal, and the intense pain in the bowels instead of in the lumbar region.

For Texas Medical Journal.

Strangulated Hernia In Man of 85—Operation.

BY GEO. HARWOOD, M. D., JOHNSON CITY, TEXAS.

The following record of case I send to you as being rare, considering the age of patient and length of time before relief was obtained:

Was called to Mr. S., who lived fifteen miles from my office, on the night of November 5th, getting there about 12 midnight. I found an old gentleman in his 85th year suffering from strangu-

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lated hernia. On asking him when he discovered that he could not return his rupture, he told me that it was the evening before, and that he had been trying most of that night and next day to return it and had made it very tender; had also taken several pills and doses of salts.

I failed to return the bowel, using every means of relaxation and gentle taxis, and told him that I would be obliged to operate. He begged for twelve hours longer, which I gave him, having to return home for instruments and anesthesia.

On operating, I found the bowel to be greatly congested, almost black. I returned it, washed out the sac, and finished the operation in as short time as possible, as he was not taking the anesthetic very well, and under such antiseptic precautions as were possible, in spite of which part of the scrotum sloughed away.

The old gentleman made a good recovery, and is now following his usual occupation of school teacher, and occasionally takes a ride horseback.

Army Medical Corps Examinations.

Preliminary examinations for appointment of assistant surgeons in the army will be held on May 1 and August 1, 1905, at points to be hereafter designated.

Permission to appear for examination can be obtained upon application to the surgeon general, U. S. army, Washington, D. C., from whom full information concerning the examination can be procured. The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between 21 and 31 years of age, a graduate of a medical school legally authorized to confer the degree of doctor of medicine, shall be of good moral character and habits, and shall have had at least one year's hospital training or its equivalent in practice. The examinations will be held concurrently throughout the country at points where boards can be convened. Due consideration will be given to the localities from which applications are received, in order to lessen the traveling expenses of applicants as much as possible.

In order to perfect all necessary arrangements for the examinations of May 1st, applications must be complete and in possession of the surgeon general on or before April 1st, and for the examination of August 1st, on or before July 1st. Early attention is therefore enjoined upon all intended applicants.

There are at present twenty vacancies in the medical corps of the army.

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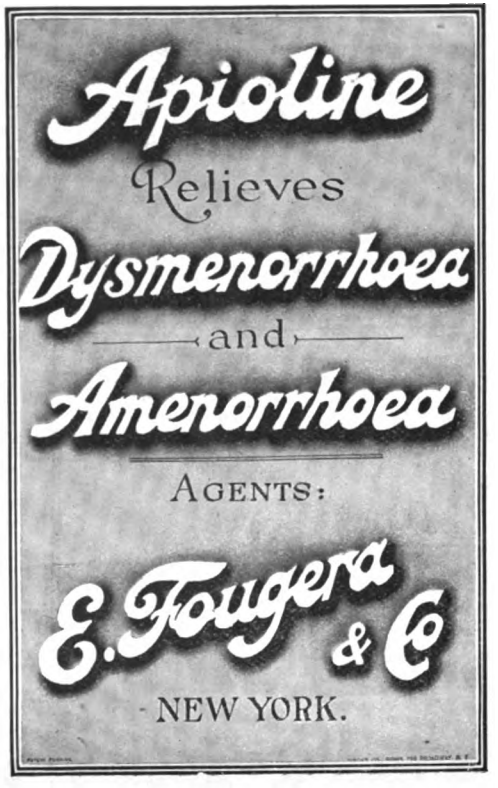
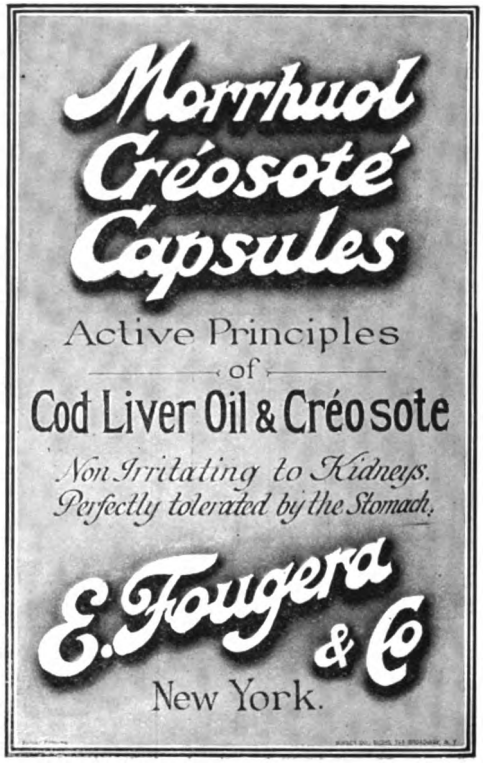
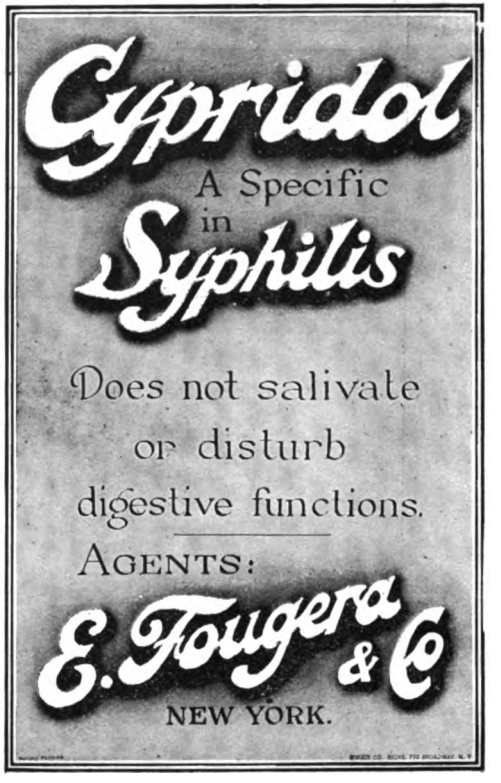
No physician can afford to be indifferent regarding the accurate filling of his prescription.







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THE

TEXAS MEDICAL JOURNAL.

AUSTIN, TEXAS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Official organ of the West Texas Medical Association, the Houston District Medical Association, the Austin District Medical Society, the Brazos Valley Medical Association, the Galveston County Medical Society, and several others.

RALLY AT HOUSTON.

The medical profession of the State is now pretty thoroughly organized. It would seem to be in position to make its influences felt in the interest of the public health and safety, yet the legislation asked for at the present session of the Legislature (an amendment to the existing Medical Practice Act) was "turned down cold" by the Senate committee (Judiciary No. 2—Davidson, chairman). This bill was prepared by the State Board of Medical Examiners; discussed by the full House of Delegates, and unanimously agreed to. The Committee on Public Policy and Legislation, who were entrusted with the duty of securing its passage by the Legislature, were a unit on the necessity of such amendment. It was ratified a second time by the House of Delegates in called session. It thus represented the opinion practically of the entire medical profession of the State that the public need protection from ignorant "doctors" who, under the law, have license to practice without "license" and without examination, and that the proposed plan was the best means of securing that protection. This advice and opinion was ignored, and the bill killed in committee. Senators Looney and McKamy were appointed to draft a bill as a substitute for it, and the substitute provided for a mixed board, with Osteopaths, Physiomedicals, Homeopaths, and Eclectics on it, one each, and five physicians.

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Chairman Davidson, who so ably championed a similar bill last session, and who had been selected by the committee to introduce and champion it, disappointed us greatly. He was unfortunately absent almost continuously the first six weeks of the session, and absent on the 7th of February, when his vote would have tied, and his influence defeated the Osteopath board bill. He refused to support our bill before the committee, and refused to let it be withdrawn by the committee. He took offense because, as a last dispairing effort to save the bill (he always said it would not pass, anyhow), Drs. Daniel and Wooten, of the committee, accepted an amendment which relieved Christian Scientists of examination in medicine provided they were not allowed to undertake surgery, contagious diseases, and obstetrics. This was not only just, as I have always contended, because to require them to be examined in anatomy and other branches, would be tantamount to prohibition altogether, and public sentiment and sympathy would never consent to a total crushing out by law of this cult; but it was advocated as expedient. Granting this very reasonable contention, the Christian Scientists were disarmed, and would become our allies. So, Mr. Davidson killed the bill by saying that he would not support it. Indeed, from the two brief interviews I had with him, it seemed to me that he did not want to support it; feeling that, as he said, it would not pass, he did not want to be on the losing side. Senator Hicks, who had actively supported him and us last session, had become convinced since last session that 125 Osteopaths are *right*, and the entire medical profession of the State are *wrong*, and I assume that, naturally, he did not wish to cross swords with his quondam protagonist. It is most remarkable, the persuasive eloquence of these one hundred Osteopaths! Demosthenes and Cicero are not a circumstance to them when it comes to persuasive eloquence and convincing logic. There is an overwhelming sentiment in the Legislature in favor of recognizing every sect in medicine and giving them authority to license themselves. It is a condition that strikes at the vitals of legitimate medicine, and if it is not checked and the people educated to see the folly of it, the usefulness of our association is forever destroyed.

Hence, I urge every member who possibly can do so, to attend the meeting at Houston, April 25-28. The situation calls for the best thought and mature deliberate judgment. Let us see if we can develop wisdom enough and influence enough by next session

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to avert the pending disgrace to the State of giving every "pathy" recognition and practically exemption from the law. We must be ready for the Thirtieth. It is not likely that anything will be done in the way of boards this session.

PROPRIETARY MEDICINES.—Dr. Hadra's paper in this issue should be read and pondered well. It will appeal to every fair-minded and unprejudiced person. It shows up the lack of wisdom in the unjust wholesale and indiscriminating condemnation of every kind of patented or trade mark preparations. I have not seen the committee report, but I infer from Dr. Hadra's paper that it condemns without discrimination all medicines not "put up" according to the physician's prescription. I commend Hadra's courage in thus standing up for his convictions. I endorse them fully. In my September number, it will be remembered, I took about the same view of it. Wholesale pharmacy means an enlightened progress. We have gotten out of the ox-cart days of the "dispensing druggist." He is a back number. The doctor should carry and dispense his own medicines, and legitimate and honorable manufacturers will supply him with articles of uniform strength and purity.

News and Miscellany.

NO OTHER medical legislation is likely to be enacted this session.

DON'T fail, doctor, to be at Houston next April. It will be the "rousingest" meeting we ever had, and we will have the best time.

LIBRARY AND INSTRUMENTS FOR SALE.—The widow of the late Dr. James Bartlett, of San Antonio, wants to sell the doctor's medical books and instruments. List, with prices, on request. Address her, care San Antonio Drug Co., San Antonio, Texas.

"IF WE COULD ONLY ADVERTISE in two medical journals, THE TEXAS MEDICAL JOURNAL would be one of them.

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A BILL for a State sanitarium for consumptives to cost $250,-

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000 has been introduced in the House by Wilmeth. It will hardly get a hearing, I fear.

THE ANATOMICAL BILL, it is thought will pass. Up today (10th.)

Books and Magazines.

DIET IN HEALTH AND DISEASE. By Julius Friedenwald, M. D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhräh, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Octavo volume of 689 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $4.00 net.

This latest work on diet is practical and comprehensive, prepared to meet the needs of the general practitioner, medical student, hospital interne, and trained nurse. It contains a full account of food stuffs, their uses and chemical compositions. Dietic management in all diseases in which diet plays a part in treatment is carefully considered, the articles on diet in diseases of the digestive organs containing numerous diet lists and explicit instructions for administering. The feeding of infants and children, of patients before and after anesthesia and surgical operations, and the latest methods for feeding after gastro-intestinal operations have never before been discussed with such practical detail. The subject of rectal enemata is given completely, with recipes and full instructions as to technic. Diet is considered in its relations to age, occupation, and environment and the beneficial results from the rest cure have been accorded prominent consideration. There is also a section on food adulteration and the resultant diseases. Withal, this is a work well worthy the reputation of its authors, and we most cheerfully recommend it.

A TEXT-BOOK OF LEGAL MEDICINE. By Frank Winthrop Draper, A. M., M. D., Professor of Legal Medicine in Harvard University; Medical Examiner for the County of Suffolk, Massachusetts. Octavo volume of 573 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1905. Cloth, $4.00 net.

The subject of Legal Medicine is one of great importance, especially to the general practitioner, for it is to him that calls to

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attend cases which may prove to be medicolegal in character most frequently come. Dr. Draper has written his work both for the general practitioner and for the medical student. He has not only cited illustrative cases from standard treatises on forensic medicine, but these he has supplemented with details from his own exceptionally full experience—an experience gained during his service as Medical Examiner for the City of Boston for the past twenty-six years. During this time his investigations have comprised nearly eight thousand deaths under a suspicion of violence. The author's long teaching career has enabled him to state facts and detail procedures with a clearness rarely met in a work on Legal Medicine. Withal, we think Dr. Draper's book is unusually satisfactory, it is more—it surpasses our expectations.

THE PRACTICAL APPLICATION OF THE ROENTGEN RAYS IN THERAPEUTICS AND DIAGNOSIS. By William Allen Pusey, A. M., M, D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B. S., Director of the Edward N. Gibbs Memorial X-Ray Laboratory of the University and Bellvue Hospital Medical College, New York. Second Edition thoroughly revised. Handsome octavo volume of 690 pages, with 195 illustrations, including four colored plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $5.00 net; Sheep or Half Morocco, $6.00 net.

This excellent work has attained the distinction of two large editions in one year—a proof not only that such a work was needed, but also of the book's practical value. The vast amount of literature accumulated during the past year has been very carefully digested, and the latest knowledge and advancements incorporated. A practical feature of the work lies in the fact that nearly all the illustrations represent actual clinical subjects, showing the benefits of the X-rays at various stages of their application. The chapters by Caldwell give full details regarding the use and management of the apparatus, the text being fully illustrated with many photographs and drawings, including four full-page colored plates. The second edition has been brought strictly down to date, especially the case histories cited; and by the addition of much new matter and a number of new illustrations, the usefulness of the work has been greatly extended. It is the latest and best book on this subject.

GALLSTONES AND THEIR SURGICAL TREATMENT. By B. G. A. Moynihan, M. S. (Lond.), F. R. C. S., Senior Assistant Sur-

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geon to Leeds General Infirmary, England. Octavo volume of 386 pages, illustrated with text-cuts, some in colors, and nine colored insert plates. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $4, net.

The great and increasing importance of the subject of gallstone disease is a sufficient warrant for the publication of this forelying work, and Mr. Moynihan's extensive experience in treating cholelithiasis specially fits him to write an authoritative and trustworthy work such as we have found this. A full account is given of the origin and causation of gallstones, and of the pathologic changes and clinical manifestations to which they give rise. Special attention has been paid to the detailed description of the early symptoms of cholelithiasis, enabling a diagnosis to be made in the stage in which surgical treatment can be most safely adopted. Every phase of the gallstone disease is dealt with, and is illustrated by a large number of clinical records. The account of the operative treatment of all forms and complications is full and accurate. The beautiful illustrations, a number of which are in color, including nine insert plates, are unusually clear and artistic, and form

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a special feature. We know of no book on the same subject that can in any way compare with Mr. Moynihan's work.

BACTERIOLOGY AND SURGICAL TECHNIC FOR NURSES. By Emily M. A. Stoney, Superintendent of the Training School for Nurses, St. Anthony's Hospital, Rock Island, Ill. Second edition, thoroughly revised and much enlarged by Frederick R. Griffith, M. D., Surgeon, Fellow of the New York Academy of Medicine. 12mo volume of 278 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1905. Cloth, $1.50, net.

The revision for the second edition of this practical work has been most thorough and extensive, the book having been increased in size by the addition of over eighty pages and many cuts. Dr. Frederic R. Griffith, to whom the work of revision was intrusted, has wisely added several chapters of unquestionable importance, namely: Bandaging and Dressing; Obstetric Nursing, Care of Infants, etc.; Hygiene and Personal Conduct of the Nurse, etc. Nurses will find the glossary at the back of much value. As a whole we think it a compact, useful book, pregnant with just the information that nurses most and constantly need.

SAUNDERS' MEDICAL HAND-ATLAS AND EPITOME OF OPERATIVE OPHTHALMOLOGY. By Dr. O. Haab, of Zürich. Edited, with additions, by George E. de Schweinitz, M. D., Professor of Ophthalmology in the University of Pennsylvania. With thirty colored lithographic plates, 154 text-cuts, and 377 pages of text. Philadelphia, New York, London: W. B. Saunders & Co., 1905. Cloth, $3.50, net.

This new volume forms an admirable conclusion of the series of atlases on the eye prepared by Professor Haab. Beginning with a thorough discussion of the proper construction of operating-rooms, narcosis, sterilization as applied to ophthalmic instruments, and disinfection, ophthalmic operations are described with all the fidelity and clearness that thirty years' conscientious practice in eye work naturally brings. The colored illustrations exhibit the same perfection of art and accurateness of detail which we have found only in this invaluable series of atlases. We note that the able editor, Dr de Schweinitz, has rendered the volume much more valuable by his many additions throughout the text. Any one interested in eye work will find this book of more value than any other volume recently published.

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DISEASES OF THE LIVER, GALL-BLADDER, AND BILE-DUCTS. By H. D. Rolleston, A. M., M. D. (Cantab.), F. R. C. P., Physician to St. George's Hospital, London; formerly Examiner in Medicine at the University of Durham, England. Octavo volume of 794 pages, fully illustrated, including seven colored insert plates. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $6, net.

Dr. Rolleston's new work is undoubtedly the most voluminous treatise on diseases of the liver yet published in English. And more than that, it is destined to become an authority on the subjects of which it treats. The author has for many years made a special study of diseases of the digestive system, and his reputation in the treatment of heptic diseases is sufficient assurance of the practical usefulness of this new work. The text includes all the affections of the liver, completely and clearly discussed, special attention being given to pathology and treatment. A large number of clinical cases are quoted, which will be found of great value to the practitioner in diagnosing individual cases. Besides Diseases on the Liver, the book contains articles on Diseases of the Gall-Bladder and Bile-Ducts, which are equally as trustworthy and

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authoritative as the section on the liver. The illustrations, both those showing gross appearances and the microphotographs, are unusually excellent, and include seven colored insert plates of great merit. The mechanical appearance of the work is in keeping with the high standard of the text. We certainly most highly recommend it to our readers.

PATHOLOGICAL TECHNIQUE.—A Practical Manual for Workers in Pathological Histology and Bacteriology, including Directions for the Performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M. D., Associate Professor of Pathology, and J. H. Wright, M. D., Instructor in Pathology, Harvard University Medical School. Third edition, revised and enlarged. Octavo, 469 pages, with 140 illustrations. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $3, net.

The third edition of this successful work keeps pace with the great advances made in pathology, and its value as a laboratory and post-mortem guide remains undisputed.

In subjecting this book to thorough revision the authors have kept in view the needs of the laboratory worker, whether student, practitioner or pathologist, for a practical manual of modern methods in the study of pathological material. Many parts have been rewritten, many new methods have been added, and the number of illustrations has been increased.

ATLAS AND EPITOME OF GENERAL PATHOLOGIC HISTOLOGY. By Dr. H. Dürck, of Munich. Edited, with additions, by Ludvig Hektoen, M. D., Professor of Pathology, Rush Medical College, in affiliation with the University of Chicago. With 172 colored figures on 77 lithographic plates, 36 text-cuts, many in colors, and 371 pages of text. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $5, net.

This new atlas in Saunders' Medical Hand-Atlases is indeed a worthy addition to the series. All the accepted views regarding the significance of pathologic processes have been concisely stated, conflicting theories having been unwisely omitted. The illustrations have been made from original specimens without combining different microscopic fields, extraordinary care having been taken to reproduce them as near perfection as possible. In many cases as high as twenty-six colors have been required to reproduce the original painting. In editing the volume, Dr. Hektoen has incor-

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porated much useful matter; and unquestionably this atlas will be as favorably received as the previous volumes on Special Pathologic Histology. In our opinion, it will be found of unusual value to the medical profession generally.

A Text-Book of Pathology. By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia; Pathologist to the Medico-Chirurgical Hospital, Philadelphia. Handsome octavo volume of 818 pages, with 350 illustrations, a number in colors. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Cloth, $5, net; sheep or half Morocco, $6, net.

It was with anticipations of much pleasure and interest that the reviewer began reading Dr. McFarland's work on Pathology, and he can truthfully say that his greatest expectations were more than fulfilled. The book is excellent—excellent as regards both text and illustrations. Of the latter there are a number of beautiful ones in colors, printed directly in the text. Dr. McFarland's thirteen years' experience as a teacher of this subject, besides his extensive personal research in the laboratory, has fitted him most admirably to write a text-book on pathology, and this superb forelying work is all that any one—student or practitioner—could desire. Unlike most works on pathology, the subject is treated, not from the professor's point of view, but from that of the student, the many difficult theories of the science being explained in clear, concise language. A number of works on pathology have come to the reviewer's desk within the last few years, but none has reached the standard of excellence held by Dr. McFarland's work.

A Manual of Personal Hygiene.—Proper Living Upon a Physiologic Basis. By American authors. Edited by Walter L. Pyle, A. M., M. D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Second edition, revised and enlarged. 12mo volume of 441 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1904. Bound in silk, $1.50, net.

A short time ago, when Dr. Pyle's work first appeared, we gave it our unqualified recommendation. The new second edition, just issued, is evidence that this work has filled the need. Personal hygiene is applied physiology, and a proper understanding of certain elemental truths on practical human physiology must first be acquired before it can be applied. Knowledge of the normal functions of the body and simple methods of keeping them in healthy action is the one thing that no educated person should be

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excused from possessing. The ordinary instructions in physical education, physiology, dietetics, and exercise is not sufficient, and often faulty. Dr. Pyle has selected eight prominent American physicians, each writing upon his chosen specialty, and setting forth the means of health in this "Manual of Personal Hygiene" with a *simplicity, conciseness, and authority* that has never been approached in any similar work.

In this new second edition there have been added, and fully illustrated, chapters on Domestic Hygiene and on Home Gymnastics, besides an Appendix containing methods of Hydrotherapy, Thermotherapy, Mechanotherapy, and First Aid measures in medical and surgical accidents and emergencies. Physicians could render no better service to their patients than the recommendation of this book.

Publisher's Department.

ALKALOIDAL TREATMENT.—Do you know anything of the alkaloidal treatment of disease? Do you want to know? Then send for a complimentary copy of Abbott's Alkaloidal Digest. This little brief review of therapeutics gives you a great deal of information on the action of the alkaloids and active principles. It will repay the trouble that you take many times. Send for it *now*.

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No More Poulticing in the U. S. Army.—In a recent notification by the surgeon general of the U. S. Army, it is asserted that all the good results from poultices can be obtained in a more cleanly way by the use of wet hot compresses. Hence, the order to the army surgeons to drop linseed and linseed meal from army medical requisitions.—*Virginia Medical Semi-Monthly.*

(What's the matter with using Antiphlogistine? Better yet, doctor.)

Nervous Exhaustion and melancholic mania are relieved by Celerina in teaspoonful doses three times a day.

The Skin.—It has long been recognized that the gouty and rheumatic diatheses underlie a great many conditions which come under the care of the dermatologist. So important is the relation of morbid diatheses to skin disease that the French school has long dwelt upon what it has termed the "dartrous" or "herpetic" diatheses, supposed to underlie many cases of eczema and which is closely associated with lithemia or rheumatic blood taint. All forms of eczema—especially the chronic variety—are most rationally treated by Tri-Iodines (Henry). Stubborn cases of psoriasis have yielded to this remedy alone. Containing iodine in an available form it is obvious that the formula must be beneficial in the majority of syphilitic skin lesions.—*Medical Essays.—Henry.*

The Medical Herald, St. Joseph, Mo., advises physicians to try Eusoma (Echinacea Compound) in cases of eczema which have long resisted treatment. The affected part should be carefully cleansed of all scales and crusts, and then covered with a soft cloth and kept moist with a mixture of equal parts of Eusoma and water. The internal treatment is essential, and this, so far as drugs are concerned, may be limited to one teaspoonful of Eusoma four times daily. The patient's condition should be carefully studied and all sources of irritation removed.

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Women Mostly, but very often, men, show the effects of the winter's social, climatic or business vicissitudes in a train of symptoms clearly indicative of bankrupt vitality. It is sometimes difficult to classify the condition in any of the well-known disease groups because symptoms of many organs and functions merge into each other and form a complex picture. Impairment of the digestive functions is manifested by loss of appetite, inability to

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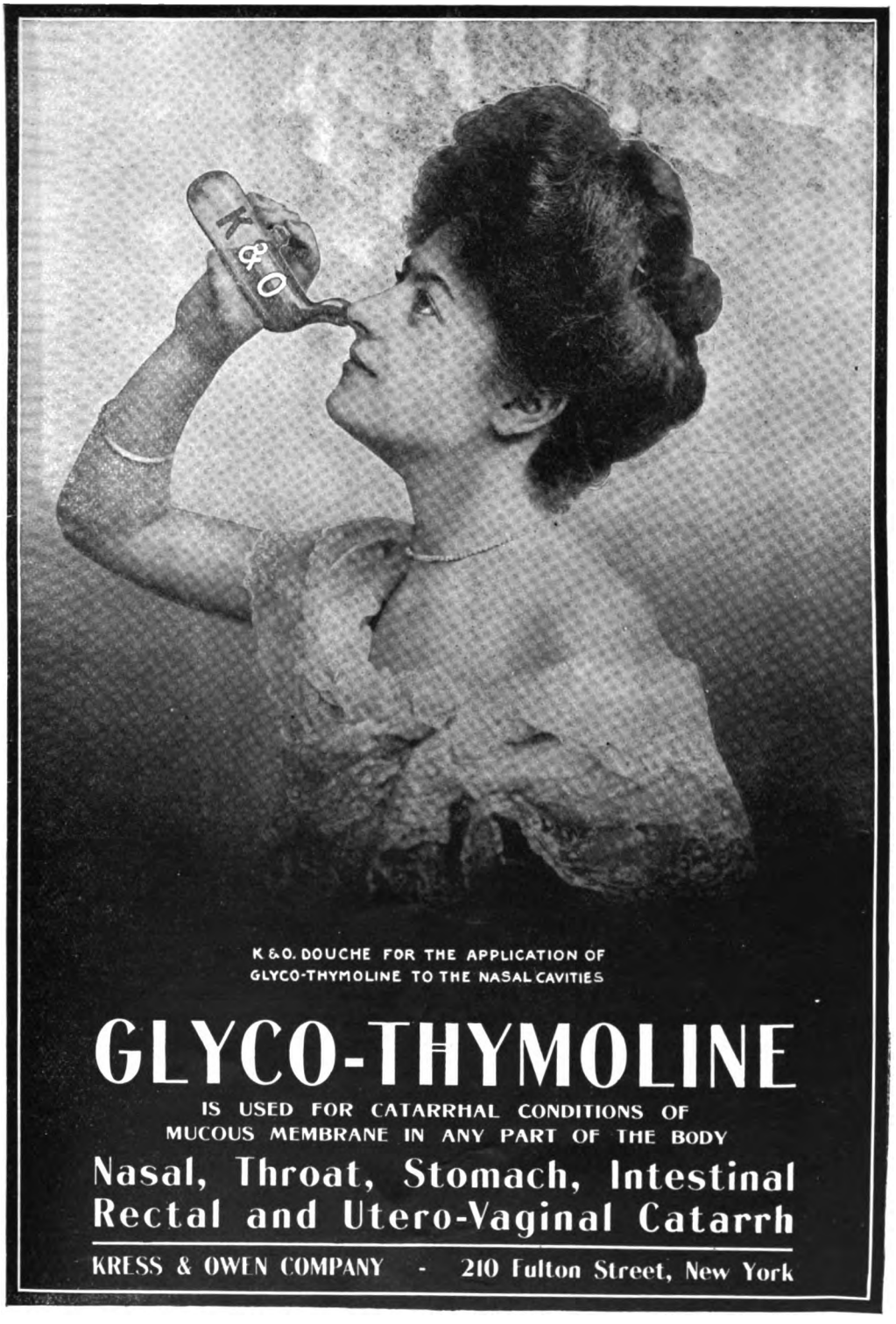
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Tuberculosis of the Female Urinary Organs—Removal of Kidneys and Ureter.

Dr. Ernst W. Cushing, of Tuft's University, Boston, read this paper before the Maritime Medical Society of Halifax. N. S. He reviewed the steps by which the diagnosis of tubercular lesions of the kidneys and bladder had advanced from uncertainty to positive knowledge. Clinical experience and the results of surgical operations confirmed the findings of pathologists, that tuberculosis of the bladder was rare except when the kidneys are first affected, and the fact that after removal of the diseased kidneys the tuberculous bladder was usually curable. He reported a case which was interesting from the fact that there never had been any symptoms referable to the kidneys. The case was that of a woman aged 30, coming under observation in 1892. In 1900 she underwent an operation for dilatation and curettment of the uterus. During the next two years she gradually failed in health, suffering from pains in the back, low down, and frequent desire to micturate. Examination of the urine showed cystitis, which was supposed to be referable to pressure from the retroverted uterus. In February, 1902, the uterus and appendages were removed. On March 2d the bladder was somewhat better, urine clear and alkaline, S. P. 1010, contained albumin, pus and cocci. Bladder was washed with a dilute permanganate solution, and cystogen was given internally. The patient went home in good condition on April 1st. On April 11th she returned, and examination showed the bladder had become nearly as bad as at first, patient having neglected treatment. Irrigations were again instituted and cystogen given t. i. d., following which there was much improvement.

A Substitutor Convicted—Kress & Owen vs. Crittenden.

On the 8th day of December, Police Magistrate Denison, in the police court, registered a conviction against Thomas Crittenden, Jr., who keeps two drug stores in Toronto, one at the corner of

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Howard and Sherbourne streets, and the other at the corner of Gerrard and Sumach streets, for infringment of the trade mark, duly registered in Canada, owned by Kress & Owen Co., 210 Fulton street, New York, "Glyco-Thymoline." The evidence conclusively showed that the defendant had put up a preparation under the name of "Glyco-Thymol," in bottles almost identical to those of Kress & Owen Co., and with labels worded verbatim et literatim to those of the original manufacturers. The magistrate, in registering the conviction, gave the defendant's solicitor who hinted at an appeal, to understand that if he entertained that idea he would not only fine, but imprison, his client, as the law provided. The case was adjourned for a week, at the end of which time Crittenden, through his solicitor, gave an undertaking that he would stop all manufacture of Glyco-Thymol and destroy all labels, bottles, etc., connected with the sale of that preparation. The firm of Kress & Owen Co. are deserving of congratulations over the results of this case. They had every reason for prosecuting Crittenden, as he was nothing short of dishonest, and entirely contrary to the law, that he should stoop to such practices and try to rob a firm who, by strictly ethical advertising (solely to the profession) and the expenditure of about $175,000 per annum, have secured a large sale of Glyco-Thymoline, a preparation found valuable in catarrhal conditions of the mucous membrane.—*Canadian Journal of Medicine and Surgery.*

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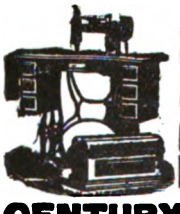

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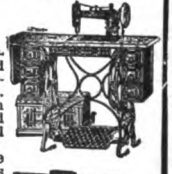

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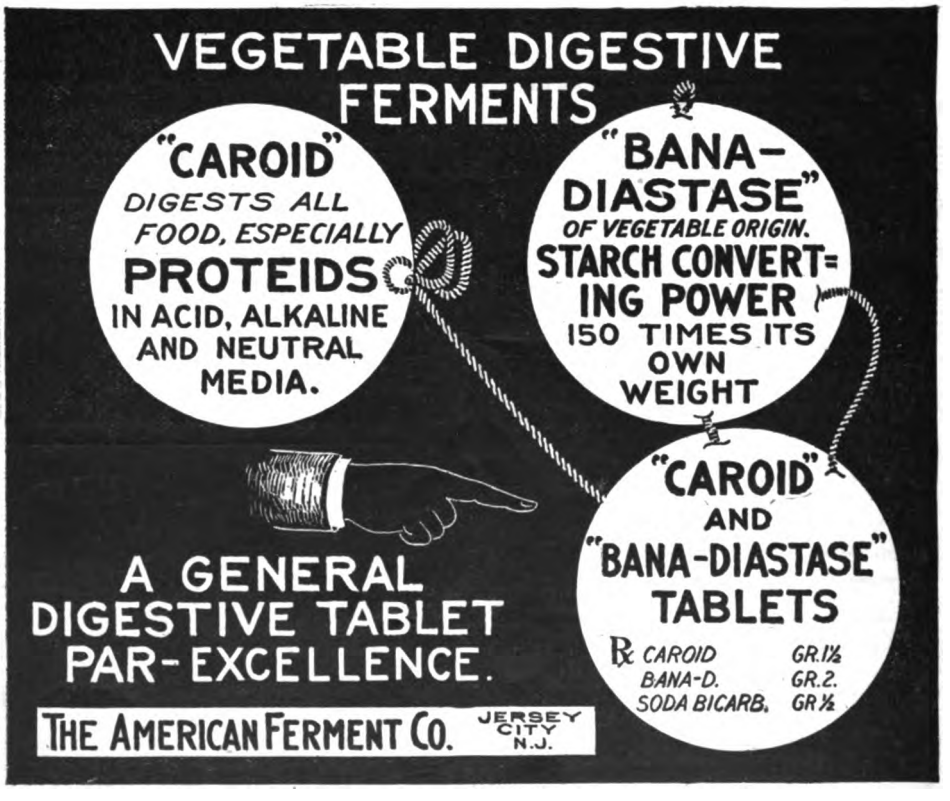

A physician can afford to be indifferent regarding the accurate filling of his prescription.

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UNIVERSITY OF MICHIGAN
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IN THE TREATMENT OF

ANÆMIA, NEURASTHENIA, BRONCHITIS, INFLUENZA, PULMONARY TUBERCULOSIS, AND WASTING DISEASES OF CHILDHOOD, AND DURING CONVALESCENCE FROM EXHAUSTING DISEASES,

THE PHYSICIAN OF MANY YEARS' EXPERIENCE

KNOWS THAT, TO OBTAIN IMMEDIATE RESULTS, THERE IS NO REMEDY THAT POSSESSES THE POWER TO ALTER DISORDERED FUNCTIONS, LIKE

"Fellows' Syrup of Hypophosphites"

MANY A TEXT-BOOK ON RESPIRATORY DISEASES SPECIFICALLY MENTIONS THIS PREPARATION AS BEING OF STERLING WORTH.

TRY IT, AND PROVE THESE FACTS.

NOTICE.—CAUTION.

THE success of Fellows' Syrup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of several of these imitations, finds that no two of them are identical, and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in the property of retaining the strychnia in solution, and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the original, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. FELLOWS."

SPECIAL NOTE.—Fellows' Syrup is never sold in bulk, but is dispensed in bottles containing 15 oz.

MEDICAL LETTERS MAY BE ADDRESSED TO

MR. FELLOWS, 2[redacted]TREET, NEW YORK.

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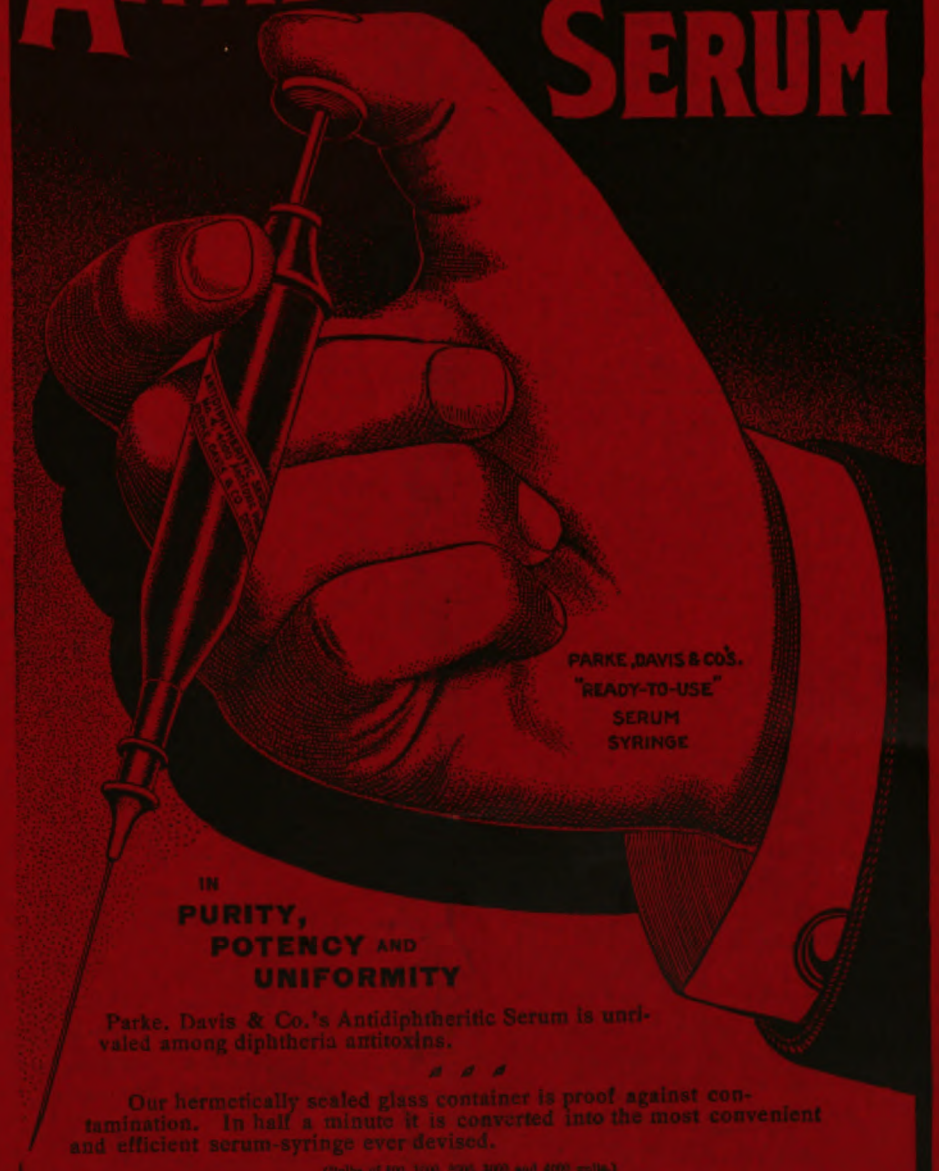
ANTIDIPHTHERITIC SERUM



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Parke, Davis & Co.'s Antidiphtheritic Serum is unrivaled among diphtheria antitoxins.

Our hermetically sealed glass container is proof against contamination. In half a minute it is converted into the most convenient and efficient serum-syringe ever devised.

(Bulbs of 10, 100, 250, 500 and 1000 units.)

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